

APPLICATION NO.	CONT/PRIOR	CLASS	SUBCLASS	ART UNIT	EXAMINER POKEZY WAS
09/680069		358	474	2622	C. Lee
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-	ORIGINAL				CROSS REFERENCE(S)						
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		NOTICE OF ALLOWANCE MAILED		
(Assistant Examiner)	(Date)		*	
		ISS	UE FEE	
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	12	ISSUE BAT	TCH NUMBER	
	(Assistant Examiner) (Primary Examiner)	(Primary Examiner) (Date)	Amount Due (Primary, Examiner) (Date)	